

(County Letterhead)

TO: (Child's IV-E Assistance State) _____

FROM: North Carolina - Child's Residence State
Worker's Name: _____
Agency: _____ County Dept. of Social Services
Address: _____
Phone Number: () _____

The child named below is currently a resident of North Carolina and has applied for North Carolina Medicaid. As required by P.L. 99-272, the residence state must provide Medicaid to those children residing in their state who have been determined Title IV-E eligible by the IV-E assistance state. In order for us to verify his/her eligibility for Title IV-E benefits, please complete the following questions and return this form to me as soon as possible.

Child's name: _____

Sex: M ☐ F ☐ Birthdate: __/__/__
Social Security Number: _____ - _____ - _____
Social Security Pending: ☐

Adoptive Parents or Foster Care Provider:
Name: _____

Address: _____

☐ IV-E Eligibility

IV-E Foster Care Place

Current Period Covered: _____

☐ IV-E Adoption Assistance Agreement

Current Period Covered: _____

List Sources of Other Benefits and Medical Coverage:

☐ SSI ☐ SSA ☐ VA

☐ Champus # _____

☐ Medicare # _____

☐ Private Insurance (specify) _____

☐ Other (specify) _____

Comments:

If child is not residing with the adoptive/foster parents, give reason and give child's address:

This is to certify that the records of my office show the above named child to be eligible for Title IV-E benefits in this state and eligible for issuance of Medicaid in North Carolina.

County Director's Signature: _____

Agency: _____ County Dept. of Social Services

Date: _____

